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The Newsweekly for Pharmacy

17 August 2002

Tax-efficient investment in pharmacy

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Self-employed status coming under scrutiny

Why the shape of Council is undecided

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1. Versiva data on file summary document, 15th March 2002

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This week

Pharmacy update

Regulars

Features

FINANCE

UniChem launches six investment companies

UniChem Ltd has set up six companies under the Enterprise Investment Scheme (EIS), each of which is expected to run a small chain of pharmacies.

The aim is to raise up to £10 million to enable each company to acquire between 10 and 20 pharmacies.

EIS's, which were first introduced in 1994, offer investors a variety of tax incentives, including a deferral of capital gains tax if that gain is reinvested, and a 20 per cent income tax reduction on the invested amount.

Meanwhile UniChem will receive some tax benefits from its investment through the corporate venture scheme, the corporate equivalent of EIS.

UniChem holds a 27 per cent stake in the two companies that have gone live so far, Pharmacy Initiative 1 plc and Pharmacy Initiative 2 plc, with the remainder owned by other shareholders. The next two are expected to start up in September.

Around £1m has been raised for each of the two companies, which between them currently own three pharmacies in Perivale (Middlesex), Woodstock (Oxfordshire) and Goring-by-Sea (West Sussex).

As part of an ongoing rolling programme, each scheme is envisaged to remain open for investment for roughly a one-year period.

With the strategic focus of the companies being the acquisition and development of pharmacies with as yet untapped potential, the funds will also be used for improvements such as private consultation desks, additional pharmacists specialising in clinical pharmacy, extending the range of diagnostic services and products.

Watman's Pharmacy in Perivale, Middlesex was relocated and refurbished under the EIS scheme

John Jaquiss, UniChem's controller of commercial support and director of both schemes, assured investors that the money raised would not be used outside the pharmacy sector.

Two schemes will be open at any one time, to allow pharmacists selling their business to one of the schemes – and wanting to continue working there – to invest in the other EIS. EIS rules prevent sellers from investing and working in the same scheme.

Each Pharmacy Initiative company is set to run for five years, after which time potential exit routes for investors include a trade sale, flotation or keeping the company going.

Mr Jaquiss insisted this was not a pharmacy chain in the making, stressing that "this initiative would be very much independent community pharmacy focused.

"We haven't set a target for the number of pharmacies involved, but we hope that the number of investments coming in will enable it to be in double figures each year," he said.

Mr Jaquiss added that no blueprint would be imposed on the individual pharmacies beyond the use of the UniChem signage and CPI marketing initiatives.

However, the Pharmacy Initiative companies are obliged to source at least 90 per cent of their stock from UniChem as their first-line wholesaler.

Also, the day to day running of the pharmacies above store management level is being outsourced to Alliance Pharmacy Management Ltd, itself a fully owned subsidiary of UniChem.

The management company, based at Allliance Unichem's headquarters, is headed up by pharmacist Anil Patel, who also acts as pharmacy superintendent for Pharmacy Initiative 1. Mike Smith is his counterpart for Pharmacy Initiative 2.

Alliance Pharmacy will provide support services such as accounting, human resources and possibly area management. But Mr Jaquiss stressed that the individuality of each pharmacy would be maintained.

"The question is how do you model that individuality to offer the best to the community while using the structures of a chain?"

Mr Jaquiss saw no conflict of interest with UniChem's sister company Moss Pharmacy. He argued that the two were unlikely to target the same pharmacies.

"Moss is very supportive of what we are doing," Mr Jaquiss said, adding that the companies would under no circumstances be bidding against each other.

Chris Aylward, Moss Pharmacy's business development director, agreed that there was little scope for overlap.

Mr Aylward argued that pharmacists' motivation to sell to Moss was principally retirement or the wish to leave the sector completely. By contrast, the UniChem scheme was aimed at people wanting to give up some of the management responsibilities and risks and protect their capital at the same time.

He added that in terms of turnover, the types of pharmacies the two companies were interested in were very different.

While the Pharmacy Initiative companies were typically looking at businesses with a turnover of around £350,000, Moss's target was roughly double that amount.

"The EIS scheme is a good thing for UniChem to have set up – it provides a service to the marketplace that is not currently met," said Mr Aylward.

As for a trade sale as the potential exit route, Moss might well be interested at that stage, but would judge each business on its merits, he said.

Trefor Williams, the NPA's head of business support, said that from the point of view of NPA members considering investment due to a career change, the EIS scheme "is good news and UniChem's package sounds like a sensible way of going about it".

He added that pharmacists with spare capital to invest would probably be interested in this scheme as it was in a sector they were familiar with.

Anil Patel, managing director of Alliance Pharmacy Management Ltd (left) with John Jaquisss

The Duke of Marlborough (right) formally re-opened his local pharmacy in Woodstock, Oxfordshire under its new name 'Woodstock Pharmacy'. The pharmacy has undergone a major refurbishment under the new Enterprise Investment Scheme sponsored by UniChem (see p4), whose managing director, Chris Etherington (left) was there to greet the Duke

FUNDING

Second phase of StHA funds allocated

A second phase of funding to implement clinical governance in community pharmacy has been allocated to strategic health authorities (StHAs) in England.

A total of £1 million is being provided nationally this year, as happened last year, to help PCTs develop clinical governance in community pharmacy and to integrate them into wider clinical governance plans for 2002–3.

The money has been allocated to each StHA in proportion to the number of community pharmacies in its area.

● The Centre for Pharmacy Postgraduate Education, in collaboration with the Modernisation Agency's clinical governance support team, is developing a programme of induction training for community pharmacy clinical governance facilitators. The programme is due to be launched in the autumn.

For more information:

www.doh.gov.uk/clinicalgovernance/communitypharmacy.htm

POLICY

ABPI 'strongly opposes' PIL copying plans

The pharmaceutical industry is opposing plans which would mean pharmacists copying patient information leaflets for patients.

Expressing its "strong opposition", the ABPI said that the plans, if adopted, would breach copyright laws and put patients' safety at risk. "We are determined to oppose it as far as we can," said a spokesman on Tuesday.

The plans were put forward in a consultation letter *MLX 285 (C&D August 10, p4)*. It would allow health professionals to copy PILs – either by photocopying or downloading the leaflets from 'suitable' websites. Money is also being provided to pharmacists to help implement the scheme.

The ABPI's concerns over breach of copyright relate in part to the possibility of UK PILs being copied to be distributed with parallel-imported packs. Patient safety could also be jeopardised if packs have to be opened to remove a PIL. And there is a concern that out-of-date PILs could accumulate and be given out in error.

ABPI director-general Trevor Jones said: "The Government is planning to ensure one law is obeyed by breaking another – that on copyright of printed material.

"It is very hard to understand why the Government is contemplating this plan when the rest of Europe long ago decided that it wanted patients to get information about their medicines in the best possible way, and has experienced no difficulties with dispensing patient packs."

Much of the ABPI's anger is directed at successive governments for not supporting the industry in implementing the patient pack/PIL initiative in accordance with a 1992 European Directive.

"It's ridiculous the length of time it's taken," said an ABPI spokesman.

"The government has not done its part of the deal." Although it was the Conservatives who set the ball rolling in 1992 he added, the matter should not have been "thrown out" by this Government because it was not party political.

Instead, the Government should have been persuading doctors to take note of what size patient packs were available and to encourage them to prescribe accordingly.

In addition, the ABPI said that pharmacists should be able to use discretion to change a doctor's prescription to match the actual size of a patient pack, for example from 30 tablets to 28.

iCE discontinued

C&D's iCE online education service has been discontinued.

All other continuing education courses are unaffected. For further information contact Mary Prebble on 01732 377269.

Migraine Awareness Month

Display packs for Migraine Awareness Month, which runs throughout September, are being distributed by the Migraine Awareness Trust.

The principal message of the campaign is that one in six of the population suffers from migraine.

Every day, on average, about 187,000 people in the UK experience a migraine attack, with a cost to the NHS for the acute treatment of migraine at £52.8 million (1999 figure).

For more information:

www.migrainetrust.org

E-mail: *info@migrainetrust.org*

Tel: 020 7831 4818.

SCOTLAND

Pay deal roadshow gets ready to roll

The roadshow to tell Scottish contractors about this year's pay deal will kick off on August 26.

The Scottish Pharmaceutical General Council has arranged the meetings so that contractors can discuss the settlement, the pharmacy strategy and prescription pricing matters.

The timetable:

- August 26: Inverness – Thistle Hotel
- 27: Aberdeen – Med-Chi Society, Forester Hill Hospital
- 29: Dumfries – Cairndale Hotel
- September 2: Glasgow – Southern General seminar room
- 5: Dundee – Discovery Point
- 12: Edinburgh – Pfizer Building, 34 South Gyle Crescent
- 16: Falkirk – PGEC, Falkirk Royal
- 17: Troon – Piersland Hotel.

The evenings start with a buffet at 7.15; the main meeting is at 7.45. The Inverness meeting starts at 8pm.

Specific enquiries should be put to the SPGC in advance to allow the Committee to address them.

- Changes to the England and Wales *Drug Tariff* 'blacklist' on August 1 will not come into force in Scotland until later in the year – after the Scottish Parliament has reconvened.

For more information:
Tel: 0131 467 7766.

RPSGB

CPD: no pass or fail yet

The Royal Pharmaceutical Society could be at least five years away from considering whether pharmacists have a "pass" or "fail" on their CPD assessments.

Robert Dewdney, the Society's head of education, said last week: "We first have to deal with the issue of pharmacists not submitting any CPD records at all, rather than what standard they should be."

He said the Society would scrutinise CPD records and give pharmacists feedback. But, for the next few years, the emphasis would be on supporting pharmacists – possibly on a one-to-one basis for people appearing to have serious problems. They would not be struck off, because discussions have only just started on how CPD fits in with revalidation. Dr Dewdney stressed that CPD is not the same as revalidation, just as continuing education is not synonymous with CPD, but only a part of it.

In October, the first phase of CPD implementation will be rolled out to 5,000 pharmacists, including pre-registration tutors, pharmacists in the original pilot areas and all pharmacists in the north west.

They will receive a CPD pack including two videos, one of which gives practical information on keeping CPD records, and the Centre for Pharmacy Postgraduate Education will be running workshops in the north west. At this stage, CPD will still be voluntary but it will eventually become mandatory for pharmacists wishing to practise; no date has yet been fixed.

The Society intends in time to have all pharmacists' CPD records on a server on the internet, which would be accessible to other stakeholders such as employers, providing the individual pharmacist gave them a user name and password.

Sainsbury's celebrated the opening of its 100th pharmacy in Harrogate last month and combined the event with the final stage of its pre-registration pharmacist of the year award. Carl Byrne from Fallowfield, Manchester, was chosen as pre-registration pharmacist of the year and Sinead Martin from Horsham, West Sussex, the runner up. The event was held at Coobe Abbey in Coventry and was sponsored by Reckitt Benckiser. Pictured are representatives from Sainsbury's pharmacy managers, business centre team and the pre-registration pharmacists

RPSGB

Code of conduct amended

Failure by RPSGB Council members to sign the code of conduct will preclude them from nomination for election as officers of the Society.

Following a recommendation by the corporate governance steering committee, the Council agreed last week to introduce the change.

Before this, failure to sign the code of conduct had prevented Council members from chairing any Society committee or from serving on certain committees.

The officers of the Society include the president, vice-president, immediate past president and treasurer, as well as secretary and registrar, although this is not a Council position.

Sultan Dajani: "No more excuses to penalise me"

Prior to this, Sultan Dajani had not signed the code, preferring to give a verbal assurance that he would comply with the spirit of corporate governance.

However, he announced last week: "I have chosen to sign the code so that the [Society's] officers have no more excuses to penalise me, and I can get on with the task of what I was elected to do."

Questiontime

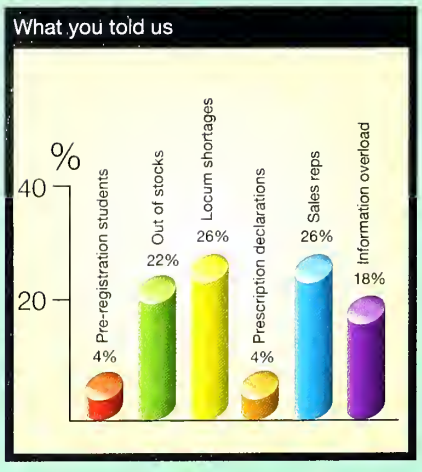
in association with UniChem

Last week we asked you: "It's the glorious 12th on Monday. Which 'grouse' would you most like to be shot of?" You replied (see right):

This week's question: What do you think should be the standard size for a patient pack?

- 7
- 10
- 28
- 30
- other/none

You can record your vote on our website: *www.dotpharmacy.com*
Question Time appears on the home page. Select your answer and then click on the "vote" box. Your answer is automatically collated. You have until noon on August 20 to cast your vote. We will publish the results in *C&D*, August 24.



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Strefen Lozenges (Flurbiprofen 8.75mg).
An NSAID for sore throats not knees.

Strefen Lozenges are now available as a pharmacy-only medicine for painful sore throats. They are the only sore throat lozenges to contain the NSAID flurbiprofen.

Recommend Strefen Lozenges because there's no other treatment like it.

oduct Information for Strefen Lozenges. Strefen Lozenges contain flurbiprofen 8.75mg lozenge. **Indication:** Symptomatic relief of sore throat. **Dosage and administration:** ults and children over 12 years: one lozenge sucked slowly every 3-6 hours as required, up maximum of 5 lozenges in 24 hours, and for a maximum of 3 days. The lozenges should moved around the mouth whilst sucking. **Contraindications:** Hypersensitivity to any of the edients; in patients with existing, or history of peptic ulceration; history of bronchospasm, itis or urticaria associated with aspirin or NSAIDs. **Special warnings and precautions for e:** Bronchospasm may be precipitated in patients with history of bronchial asthma. Caution equired in: patients with renal, cardiac or hepatic impairment as renal function may eriorate with the use of NSAIDs; patients with hypertension; patients with abnormal bleeding potential as bleeding time can be prolonged. **Pregnancy and lactation:** Use of Strefen Lozenges should be avoided in the third trimester. Flurbiprofen appears in breast milk in very low concentrations and is unlikely to affect the breast-fed infant adversely. **Undesirable effects:** Dyspepsia, nausea, vomiting, gastrointestinal haemorrhage, diarrhoea, mouth ulcers, fluid retention and oedema. Exacerbation of peptic ulceration and perforation, urticaria, angioedema and various rashes have been reported. Transient local irritation of the buccal mucosa may occur and taste perversion has been reported in trials. **Package quantities:** Strefen Lozenges are available in cartons of 16 lozenges. **MRRP:** £3.49. **Product licence number:** 00327/0135. **Product licence holder:** Crookes Healthcare Ltd., NG2 3AA. **Legal category:** P. **Date of preparation:** July 2002.

CROOKES HEALTHCARE

PEOPLE

PAGB's legal director Baker dies

Michael Baker, director of legal and regulatory affairs at PAGB, has died suddenly.

Mr Baker had been with the OTC manufacturers' association for 12 years. PAGB director Sheila Kelly announced the news with "great sadness" last Thursday.

"Those of us in the industry – and there are many – who had the opportunity to work with Michael, know all about his enthusiasm and commitment to everything he got involved in. He had great integrity and was highly respected. He was also a tremendous team player, immensely enjoyable to work with, above all supportive of colleagues and a champion for the PAGB.

"In his 12 years with the PAGB, Michael filled a vital role as the main liaison point between the industry and the regulatory agencies for medicines and food supplements. He represented PAGB in European affairs through his membership of the AESGP regulatory affairs, food supplements and herbal medicines group. He helped set up the Herbal Registration Forum and the Joint Health Claims Initiative. His leadership role in shaping the regulatory framework for food supplements was recognised throughout the industry.

"Our thoughts are with his family and particularly his two children, Charlotte and Harriet."

Sue and David Sharpe worked with Mr Baker in the fight to retain RPM as part of the Community Pharmacy Action Group. "We all appreciated the work he did to support community pharmacy," they said this week.

PRACTICE

PHS may change its name

Rebranding may be on the cards for the Pharmacy Healthcare Scheme.

Chief executive Miriam Armstrong said last week that the health promotion scheme might have to change its name to something more widely recognised by the public.

At the same time, the charity is broadening its activities from disseminating leaflets towards developing the skills of pharmacy staff in improving public health. The latter would include hospitals and primary care settings, as well as community pharmacy.

Pharmacy Healthcare

Ms Armstrong told last week's Royal Pharmaceutical Society's Council meeting that links were being forged with primary care trusts and the wider NHS to deliver public health improvements.

A joint Pharmacy Healthcare/RPSGB review, to be published this autumn, is expected to include evidence of the value of community pharmacy's involvement in immunisation and emergency contraception, as well as smoking cessation.

She added that Pharmacy Healthcare's policy occasionally had to diverge from the Society's, for example in making nicotine replacement therapy available on general sale.

Ms Armstrong said the word "pharmacy" was not well understood by the public, who wondered if the scheme was a front for the pharmaceutical industry, or funded by it.

FINANCE

Museum cuts will save £110k a year

Cutbacks in the RPSGB's museum activities should save the Society £110,000 in 2002 compared to the original budget request last year, the Society has announced.

Higher sums would be saved in future years, beginning with £125,000 in 2003.

Council was also informed last week that cutting the number of Council dinners a year to two would save an average cost of £1,400 for each dinner.

Relocating the president's flat out of the Society's headquarters will reduce security costs by £40,000 per year.

Celebrating 40 years in business is Food Brokers, the parent company of Chemist Brokers. Among brands promoted by the company have been Matey, Chupa Chups and Colgate Dental Gum. As part of the celebrations the company is planning to raise more than £100,000 for the Parkinson's Disease Society and the Animal Health Trust. Chairman Victor Cracknell is pictured with an early photo of the founder of Food Brokers, his father Desmond Cracknell

ADVERTISING

Lloyds is back on TV

Lloydspharmacy has begun another television advertising campaign "promoting the role of the pharmacist at the heart of the community" this week.

No Words Necessary focuses on the interaction between Lloydspharmacy pharmacists and their customers and features a voiceover from BBC's *Royle Family* actress Sue Johnston.

This advert follows the 'Pharmando' "creative execution" which has been running from July 1 featuring the company's prescription delivery service.

The campaign will run in six ITV regions, channels 4 and 5, plus selected satellite stations. It will be repeated in October.

"This new creative is designed to highlight the importance of the pharmacist in the community when dealing with customers and the necessity of achieving mutual trust and understanding," said Darren Kirton, Lloydspharmacy's retail marketing manager.

"Research indicates a trust and confidence in the pharmacist and this is what we wish to encourage."

LEGISLATION

Tryptophan allowed in specialist foods

Regulations governing the substances that may be added to foods for nutritional uses have been issued.

Vitamins, minerals, amino acids, carnitine or taurine, nucleotides and choline or inositol that may be added to medical foods, slimming foods, sports foods and foods for diabetics are included. The regulations will come into effect from April 2004.

L-tryptophan is included in the list of amino acids affected by the new regulations, which have amended current regulations. Since August 5, the Food Standards Agency has required prior notification of foods for particular nutritional use to which l-tryptophan, or its salts, has been added and prohibits the sale of foods that have not been notified.

In 1990 it became an offence to sell or supply foods containing added tryptophan following the death of 37 people in the USA who had taken tryptophan produced by using genetically engineered bacteria.

For more information:

www.foodstandards.gov.uk

www.hmso.gov.uk

If it's going to take £3million to rid the world of bad hair then it's worth it.

We're relaunching the Brylcreem range with new Next Generation gels and new colour coded packaging. It's all part of our £3m push to vanquish bad hair once and for all. But we need your help; together we can change the world (of hair).

HOW MANY PHARMACEUTICAL COMPANIES GET THANK-YOU LETTERS FROM ANIMAL LOVERS?

A member of the public contacted us because she needed some sodium bicarbonate capsules for her dog. And her vet couldn't get hold of any. So a member of our staff, Lorraine Kennedy, arranged for a supply to be sent to her via her vet. In turn, the woman sent us a letter and a picture of her dog to express her gratitude.

FINANCE

Self-employed status comes under scrutiny

Pharmacy locums' status as self-employed may come under increased scrutiny from the Inland Revenue (IR).

The Association of Chartered Certified Accountants (ACCA) has warned that the Inland Revenue is embarking on a drive to reclassify people in response to government pressure to raise the amount of revenue it collects.

Locums working for the same pharmacy or pharmacy multiple for extended periods may find their self-employed status increasingly difficult to justify.

While denying that there was a new drive to reclassify self-employees, an IR spokesman said: "If you are working for one particular business for an extended length of time then we would question that.

"Our main interest is that you pay the correct tax and National Insurance contribution."

Every case, he added, would be looked at on its merits and various factors would be taken into consideration.

Generally working at the premises of an employer who also provides the major items of equipment, ie the dispensary and its products, may not necessarily pose a problem. However, participation in a company bonus scheme or pension scheme and holiday pay probably would.

"We look at the overall story and the employment history. In some cases they are employees in all but name," the IR spokesman added.

"We may also turn to the employer and ask why they are taking this person on as self-employed and not as an employee."

As the issue carries tax implications, for the employee and the employer, the NPA stressed the importance of a signed agreement between the locum and the pharmacy owner, which sets out the services to be provided.

Anything beyond these, such as locking up and cashing up, could be construed as helping to run the business, said Trefor Williams, the NPA's head of business support.

The NPA has developed a contract for services agreement for locums and employers, which the IR accepts as proof of self-employment status.

"Make sure your locums only undertake the functions you require them to do. And, if there is any challenge from the IR, it is vital that you contact us," said Mr Williams. He agreed, however, that locums working for the same multiple for any length of time might have problems.

Advisory leaflets on how to determine self-employment status are available on the IR website.

For more information:

www.inlandrevenue.co.uk

(IR56, IR148, IR175, IR 2003).

Laurence Llewelyn-Bowen's range of room and body fragrances has been introduced in 95 Lloydspharmacy branches across the country. Mr Llewelyn-Bowen recently appeared at the multiple's Heswall branch to mark the occasion and to re-open the refurbished store. He had previously launched the range, which is manufactured by Bronnley, at Moss Pharmacy in Godalming

INDUSTRY

No definite plans for 'Oncology Plc'

Leading UK biotechnology companies have denied press reports that they are engaged in talks about joining forces to form an oncology company to compete with the large pharmaceutical companies.

The Financial Times and *The Guardian* had suggested that Antisoma, Xenova, British Biotech, Oxford GlycoSciences and KS Biomedic are involved in merger discussions.

"There are no talks ongoing as outlined in the *FT* and there is no truth in the rumour that the companies listed in the article will get together in that shape or form," a Xenova spokesperson said.

Antisoma said it was not involved in talks with Xenova or any other company.

However, speculation about possible mergers between biotech companies involved in cancer research has been circulating for some time. And the idea as such was not dismissed out of hand.

David Oxlade, Xenova's chief executive, told analysts: "We at Xenova and I, in particular, have for some years believed that for the sake of our stakeholders and for the sake of the sector as a whole, there is real value in having larger and more successful companies. The idea of a combination in the cancer field has merit fundamentally."

While declining to comment on the press reports, a British Biotech spokesman added: "We have not made a secret of the fact that we believe that there is a case for consolidation. Potentially our assets would combine very well with those of another company."

RETAILING

Diagnostics kiosk for pharmacies launched

A diagnostic services and information unit specially designed for pharmacies has been launched by Wellpoint Group Ltd.

Wellpoints' Interactive Health Centre allows customers to measure their blood pressure, weight and heart rate as well as calculating their body mass index and body fat.

The results of the tests can be printed out and the customer is given a unique PIN number, which can be used to store and access up to 10 sets of data.

Patients can also access medical information taken from the College of Health's medical directory.

Pharmacists can determine the charges for each of the diagnostic services. The unit is around 900mm^2 and can be rented on a monthly basis - the rental rate has yet to be determined.

Terry Glancy, managing director of the Wellpoint Group, said the WIHC was aimed at establishing pharmacies as "first stop" medical centres where patients could obtain advice before visiting their GP.

"This will further enhance the professional role of the pharmacist as well as providing a unique business-building prospect," Mr Glancy added.

For more information:

Tel: 01582-843220

Wellpoint Group Ltd.

Ple@se e-mail your views to chemdrug@cmpinformation.com

So far it's only a pilot

I would like to respond to the editor's comments on the Pharmacy2U ETP consortium (*C&D August 3, p14*).

The commentary makes an ongoing and false assumption that Pharmacy2U Ltd is directing the P2U ETP consortium's efforts.

The Pharmacy2U ETP consortium is under the control of the Department of Health, and as such it is not within the consortium's power to either invite or not invite new pharmacists into the pilot.

Pilot is the key word here.

The DoH has been clear that since these are pilots, the number of different users involved must be controlled and limited until the best model can be proved and selected for national roll out.

This controls the costs of the pilots associated with connectivity of pharmacists to the NHSnet and also controls the risk of trialing new systems.

This risk applies to all members of primary care, not only pharmacies. It is noteworthy that there are three pilots running, which between them test ETP in the full spectrum of pharmacy instances, and in this manner P2U believes the DoH is supporting all factions of pharmacy.

Agreeing with this principle of pilot control, the Pharmacy2U ETP-consortium also made the decision to pilot the model in only one pharmacy system and one GP system in the first instance.

This significantly reduces technical complexity and has helped early and successful implementation of the pilot.

On that point it is noteworthy that the P2U consortium has transmitted over five times the electronic prescriptions than any other consortium at the time of writing, based on this principle.

It was not, however, our intent to actively exclude independent pharmacies. It transpired that only P2U Ltd and Coop Healthcare Ltd were willing to expend the resources to engage with ETP.

The pharmacies have paid their own way in this pilot. Independent pharmacies were welcome under the same terms as these pharmacies, but none were prepared to accept the uncertainty and expense of the pilot environment.

The P2U ETP consortium believes that a well controlled pilot is the best way to ensure a successful pilot and hence a rapid move to national roll-out through whatever model the DoH decides is most appropriate.

At this roll-out stage, the whole pharmacy industry can benefit from the efforts of all the consortia. It is only through these efforts that the rest of the pharmacy industry will have the "chance" to operate ETP called for in the editor's comments.

Dr Julian Harrison
Pharmacy2U ETP consortium project manager

Bulk scripts for paracetamol

With reference to the Q&A dealing with a bulk prescription (*C&D, August 3, p16*), the situation regarding paracetamol tablets is far from clear.

The article is correct in saying that bulk prescriptions may not contain orders for Prescription Only Medicines.

Paracetamol tablets 500mg may not be supplied in a container holding more than 32 without becoming a POM. Furthermore, not more than 100 tablets may be supplied to a person at any one time without becoming a POM.

There needs to be some clarification from the Medicines Control Agency whether a bulk prescription counts as a supply to one or more persons.

Until a ruling can be obtained, community pharmacists are advised not to dispense more than 100 paracetamol 500mg tablets on a bulk order and in packs of not more than 32 tablets.

Gordon L Geddes
head of information and technical services
PSNC

Askit Powders' popularity in Scotland was reassured recently as representatives, seemingly dressed in an Askit blue tartan, asked the Scottish public their views on headaches and treatments. Apparently 39 per cent of respondents say that it is the "daily grind" that is guaranteed to give them a headache. A work hard, play hard lifestyle does it for 27 per cent, while the weather is to blame for 21 per cent (so few at present?). The survey also found that 53 per cent of respondents have taken Askit – with just over a quarter of them preferring to put the powder straight on their tongue and to wash it down with water

Comment from the Editor

UniChem's new business area, setting up investment schemes involving the shared purchase of pharmacies, makes interesting reading (*p4*). At first sight, it is likely the scheme will be welcomed by independent contractors wishing to give up the responsibility of having a business but not wanting to leave the profession. The scheme also means that businesses will remain in the independent pharmacy sector, as well as allowing pharmacy owners to sell up and invest their money in a scheme offering tax incentives. Further, with a company the size and calibre of UniChem retaining just under a third interest in each investment group, it will be a sound and (more than likely) profitable investment. And as the scheme will be open to anyone to invest in, it could tempt other pharmacists or people outside the profession to take an interest.

There will be questions raised, however, as to how the Pharmacy Initiative plcs will run separately from UniChem's sister pharmacy chain, Moss Pharmacy. UniChem and Moss say there will be no conflict of interest, as the new initiative is seeking a different type of pharmacy to that which Moss wants. But where will it end up – might it eventually turn into a vehicle to expand the Moss chain? It would be at least five years before that became apparent. Anyway, it's an unnecessary worry as UniChem only has plans for about 100 pharmacies to be involved at the moment, and as UniChem will only be allowed to invest in up to 30 per cent of each plc, other shareholders will have more say. Bear in mind, though, that UniChem is insisting on 90 per cent of stock to be sourced through its own warehouses.

So is it a new direction for retail pharmacy businesses? Yes, but not a major one – yet. No doubt it will be watched with interest by other wholesalers. But overall, any new investment in improving community pharmacy must be welcomed, and is, some might argue, long overdue.

The scheme will be open to anyone to invest in, it could tempt other pharmacists or people outside the profession

Yourviews

Pharmacist Idris Hughes is appalled at proposals to copy patient information leaflets

Straight out of Dad's Army...

I really don't know whether last week's report: "PIL copying likely to be allowed" makes me laugh or cry. I have to laugh at the absurdity of the proposal - yet cry at the reality of our ever having been put in such a farcical, yet desperately flawed, situation.

What exactly is happening? In 1992 an EEC directive set out labelling and package leaflets (PILs) requirements. This made it quite clear that the inclusion of a PIL was obligatory.

Furthermore, it instructs "the competent authorities" to refuse marketing authorisation for products that do not comply. Ten years on, the Department of Health is now attempting to patch-up its failure to comply – with a good try at a stitch-up for pharmacy practice that comes straight out of *Dad's Army*.

MLX 285 warns us of the DoH's wrath if we fail to provide a PIL with every item we dispense ("You must supply the relevant leaflet"). And it suggests, ludicrously, that: "You may wish to photocopy the relevant leaflet or download it from a reputable source, such as the *Electronic Medicines Compendium* at *www.emc.vhn.net*, or from the company website, or from a disc which may be supplied by the company".

The *Electronic Medicines Compendium* website

These people are living in cloud cuckoo land. Legibly photocopying both sides of a flimsy PIL painstakingly unwrapped from its sealed carton is itself a tricky and time-consuming operation. Printing one out from an online source probably necessitates several time-consuming steps.

For starters, *www.emc.vhn.net* requires access registration, is ponderously slow and cumbersome to use and is overwhelmingly incomplete (I estimate 60 per cent of products had no accompanying PIL). I have yet to see a single CD of PILs "supplied by the company".

We shall be barking mad if we put up with this nonsense. Our patients deserve better - they should benefit, like the rest of the EU, from the full information of a patient pack complete with its PIL.

The DoH needs to redress its early failure by falling into line with the rest of Europe - it cannot be allowed to go on attempting to spin excuses with such facile statements as these: "In other member states medicines are placed on the market in their original packs together with a PIL. The UK is unique in that sometimes medicine packs have to be split or bulk supply has to be used to meet a clinical need, which sometimes has meant no PIL has been provided to the patient. Therefore this problem is not an issue in other member states."

Whether or not you agree, visit *www.doh.gov.uk/dispensed medicines/index.htm* and read the rest of this nonsense for yourself.

INDUSTRY VIEWPOINT

Michael Baker

It was with great sadness that we heard last week of the sudden death of Michael Baker, the director of legal and regulatory affairs at the PAGB. While Michael was well known to leaders of the pharmacy profession and senior business leaders, many community pharmacists may not have been aware of the key role that Michael played in support of the healthcare industry, and indirectly for the pharmacy profession.

His primary role within PAGB was to be the link between the healthcare industry and the regulatory agencies for medicines and food supplements. In this capacity, he helped set up the herbal registration forum and the joint health claims initiative. His leadership in shaping the regulatory framework for food supplements was recognised throughout the industry.

Michael played a pivotal role in the fight to retain retail price maintenance

More recently, Michael played a pivotal role in the fight to retain retail price maintenance on medicines. He worked closely with his legal counterparts in CPAG – the RPSGB and the NPA – and the legal profession to develop the rationale for maintaining RPM on medicines. The legal argument centred on the potential loss of income to pharmacists if price cutting was permitted on medicines, and the risk of widespread closure of pharmacies with the loss of pharmaceutical services to the local community. While the case was eventually lost, there can be no doubt that the legal battle helped prolong RPM to the benefit of all community pharmacists.

Those of us who had the pleasure of working with Michael will remember his integrity, his enthusiasm and his sense of humour. He will be greatly missed.

Contributed by a senior industry manager

TOPICAL REFLECTIONS

Join in the LPC debate

All in the same week I have received a letter from the PSNC informing me of the new arrangements for LPCs and seeking my approval of a new model constitution, an explanation of the process from Dick Hazlehurst, chairman of PSNC's constitution working party (*C&D August 10, p30*) and a letter from my LPC secretary outlining the views of the current committee.

As I persisted in making clear their contents, I realised that this process should not just be a rubber stamp endorsement by grass roots pharmacists.

The model constitution tries to ensure fairly proportional representation of contractors and, in so doing, appears to disenfranchise employees from becoming members in their own right. They would be present as employees of multiples or as representatives of independents, their opinions inevitably compromised. The independence of thought which many employees currently bring to LPC debates is irreplaceable.

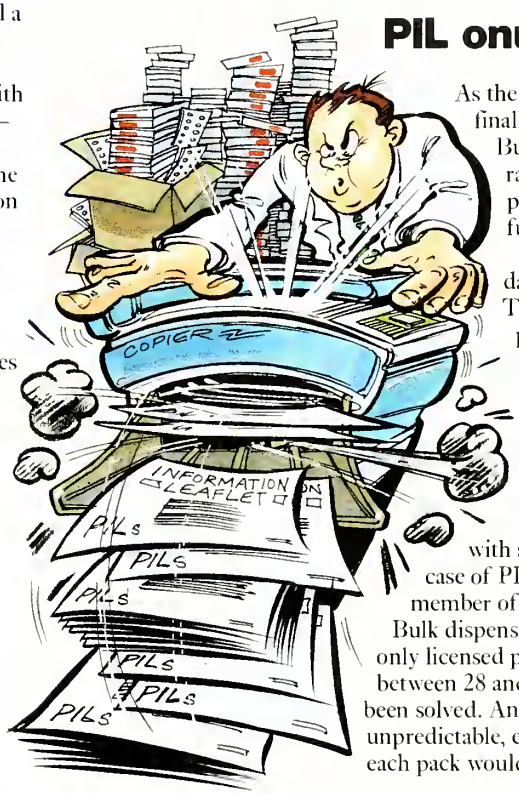
Then there is the opinion of the LPC. In my area it represents many PCTs and the suggestion is that this should be continued. Intended to maintain the integrity of the present LPC, it could lead to local pharmacists being under-represented at PCT level.

PSNC emphasises these are new LPCs and the rule book can be rewritten. It is important that all pharmacists become involved in this debate and the agenda is not hijacked by those attempting to maintain the power base within existing LPCs.

Reading between the lines

Pharmacy Partners (PP) has launched the Alliance scheme, which provides an introduction to its list of approved service providers (*C&D August 10, p8*). I am told that not only will I pay no commission for this service, but I will also receive preferential treatment from PPs' member companies.

Sounds too good to be true was my first thought, and possibly it is. If I pay no commission to PP for its expertise, then the providing company does. So does Alliance Partners vet its listed companies for expertise, professionalism and competitiveness? If it does, by what yardstick do I judge Alliance Partners as being competent to provide such recommendations? Or is this scheme merely another way of compiling a trade directory with the service companies paying to be on the list?



PIL onus should fall on suppliers

As the editor said last week, it's good to see the Government finally addressing the problem of patient information leaflets. But once again the onus is on pharmacists to provide them, rather than the industry to supply them. Putting a cost to this provision is a welcome step, but it's irrelevant if the more fundamental problems of packaging are not also tackled.

I am still able to buy licensed drugs with no PIL. The other day I bought Allopurinol in 100's from M & A Pharmachem. They did not have a PIL, so even if I dispensed the original pack I would be contravening EC regulations.

In this case I will solve the problem by not repeating my purchase. Manufacturers, however, should be as liable for ensuring that the regulations relating to dispensing are straightforward to comply with. Where are the PILs on two litre stock mixtures? And Lactulose bottles from some manufacturers still do not have child-resistant caps.

The fiasco of patient pack dispensing has gone on for years with successive governments ignoring the problem until, in the case of PILs, they are forced into action by one particularly persistent member of the public. But the other main problem is still there. Bulk dispensing packs are an anachronism. Patient packs should be the only licensed packaging for medicines. With rounding of quantities between 28 and 30 packs also allowed, most of the problems will have then been solved. And in the few therapeutic areas where quantities are more unpredictable, eg antibiotics, the simple expedient of three or four PILs in each pack would reduce any problems to manageable proportions.

Last week the PSNC, NPA and YPG challenged the Royal Pharmaceutical Society's proposals over its modernisation process. Here is the Society's response

Avoiding 'the worst of all worlds'

The joint statement *(C&D August 10, p12)* refers to the "proposed structure for the Society's governing body". No proposed structure has yet been produced. What is clear is that the Society will need an identifiable governing body that can be held accountable for the entire range of the Society's functions. That body will be the new Council of the Society. It will have to meet the Government's requirements for modern regulators, including increased lay membership.

The Council cannot abrogate its responsibilities by delegating them away. To do so would mean that Council would be believed to be, and presented to be, accountable for aspects of the Society's functions over which it would have no direct control. This would be the worst of all worlds.

The only alternative to increased lay membership is for the Society to give up its role as the regulatory body for pharmacy. The likely consequence would be that pharmacy would be added to the 12 professions already regulated by the Health Professions Council. Pharmacy would then have only one seat on the Council of its regulatory body and a one in 26 chance of that pharmacist being elected as president of the Council. In addition, pharmacy in Great Britain would have no seat on the new overarching Council for the Regulation of Healthcare Professionals (CRHP).

In contrast, the Pharmaceutical Society of Northern Ireland, by retaining its regulatory role, would continue to have a pharmacist majority on its Council and to have a place on the CRHP.

In fact, the way to retain a pharmacist majority on the regulatory body for pharmacy is to modernise the Society. No one is suggesting that pharmacists should not be in the majority on the new Council. We need professional self-regulation to have some meaning, both in terms of a professional majority on Council and of the balance between government controls and those developed within the profession. It is important for the profession to retain ownership of the regulatory process. It must be seen collectively to create and defend its standards of practice. Without this, commitment and responsibility could disappear and vocations could be turned into jobs.

The make-up of the Society's new Council has yet to be decided

The Council cannot abrogate its responsibilities by delegating them away

In the past, the regulatory functions of the Society would have been identified largely with registration, the Code of Ethics and discipline. The new, much broader scope of modern regulation encompasses much of what was previously considered.

Together with essential underpinning activities such as research and communications and supporting functions such as finance, IT and facilities management, it represents the large majority of the Society's activities. The regulatory functions cannot realistically be separated from the Society's Royal College functions, which comprise its professional role. Both include supporting and fostering good practice by, for example, providing information and advice.

The developing knowledge base within science and practice is needed to inform both regulatory activities, such as ethical issues in genetics, and professional functions, such as developing the profession. The Society's duty to "safeguard and promote the interests of the members in their exercise of the profession of pharmacy" is fulfilled through its professional and its regulatory functions.

Functions such as publications and benevolence, while they do not fall neatly into either the regulatory or the 'Royal College' category, do not conflict with either. The Council's decision that the Society should retain both roles gives us the flexibility to be able to carry out this broader range of functions.

Another activity that does not fall neatly within a 'regulatory' or 'professional' category is the Society's representational work. The statement says that the Society must be able to oppose government policies affecting non-regulatory issues. We would go further. The Society must retain the ability to make representations against government policy on any issue within its remit, including regulatory issues.

The Society is currently working with other regulators to oppose proposals on the free movement of health professionals within Europe, which it believes would not be in the interests of the public or the profession. Having more lay members of Council should not impede this work: it would be more likely to strengthen it and give it greater credibility.

The Council serves both public and profession and it is important that its arrangements for accountability reflect this. The public is represented by Parliament, and the Council will be accountable to it for the exercise of its regulatory functions.

Accountability to pharmacists is expressed primarily through the election of pharmacists to the Council. We recognise the importance of developing robust, transparent mechanisms to ensure that professional advice and expertise is fed into the new council and its committees, to inform their decisions.

This is essential, as it could never be possible for these structures to include all the specialisms within pharmacy. We will need to look for better ways to engage the profession and others in the Society's work in the future.

There is much we can agree on:

- that the Society should retain its regulatory and professional roles
- that there should be an overall pharmacist majority on the Council
- that we will need robust, transparent mechanisms to feed advice and expertise into the Council
- that the Society must be, and be seen to be, independent of government
- that the Society should be able to continue or even increase its existing representational function.

The consensus within the profession outweighs the areas where views differ. We need to build on this to create a Society that will be equipped to meet its responsibilities to both public and profession well into the future.

Eye preparations may cause systemic side effects that remain a mystery because they are not linked with topical drugs, explain *Tariq* and *Shabnum Aslam*

An adverse local reaction to eye drops may often be obvious, but they may not immediately be considered as a cause of systemic effects such as nightmares or impotence

Hidden culprits

As advances occur in ocular therapeutics, an ever-expanding range of treatments is becoming available to treat eye disease. But the details of specific indications, limitations and side effects may only be of routine knowledge to the ophthalmology specialist.

When a patient has an adverse local reaction to topical drops, such as a red or itchy eye, the cause is often obvious. But when a systemic reaction occurs, patients, pharmacists, GPs and even ophthalmologists may not consider systemic absorption of eye drops as the reason. Many adverse systemic effects that occur, such as nightmares or impotence, may not be considered as linked with topical eye drops.

The problem is compounded for the non-ophthalmologist trying to solve a systemic health problem because, when asked for a drug history, the patient may not consider topical eye drops important enough to mention.

This article will discuss the routes and mechanisms of systemic absorption of topical drops and highlight a few examples of the systemic problems caused and interactions with other treatments.

The aim is not to provide comprehensive knowledge of all potential effects of all eye drops, but to use a few key examples to raise awareness of the potential for intervention that may save patients from discomfort, disease and even death.

Limited contact times and relative impermeability of the eye may mean that eye preparations must be concentrated to allow for optimum local effect. About 80 per cent of topical ophthalmic preparations pass through the nasolacrimal duct and enter the systemic circulation via the nasal mucosa, avoiding first-pass metabolism in the liver. Some medication may pass through the oral pharynx and then, if swallowed, to gastro-intestinal mucosa. Drugs can also be absorbed directly through the conjunctival capillaries, a route which may be more substantial when the eye is diseased and has congested vessels.

Despite many advances in treatment, topically applied beta-blockers are still commonly used in the management of glaucoma. Their most important side effects are pulmonary or cardiac in nature. Pulmonary effects can

Continued on page 18

range from worsening of asthmatic symptoms to bronchospasm and death. One drop of 0.5 per cent timolol solution is approximately equivalent to a 10mg oral dose of timolol, and in one asthmatic patient a respiratory arrest ensued 20 minutes after instillation of the first drop.

Patients whose respiratory symptoms are aggravated following administration of topical beta-blockers should clearly be advised to stop treatment pending medical review. Certain selective beta-blockers have been suggested to cause fewer pulmonary side effects, for example, betaxolol is a relatively selective beta1- blocker.

Other glaucoma medications have no reported pulmonary effects, but any decisions on alternative treatment should be left to specialist ophthalmic care as the minimisation of potential side effects is only a part of the complex consideration required in managing glaucoma.

Beta-blockers used topically may also lead to potentially serious cardiovascular complications such as bradyarrhythmias, syncope, hypotension and congestive heart failure. Interactions with other systemic drugs can further worsen problems. Bradycardia can be exacerbated particularly in patients on verapamil. In addition, quinidine inhibits the cytochrome P450 enzyme that metabolises timolol, which can exacerbate potential side effects.

Side effects of topical beta-blockers that might be considered surprising with topical eye drops include impotence and nightmares. Patients may not necessarily complain of these symptoms for some time. When they do, it may not occur to them to mention the drops their eye doctor prescribed for glaucoma. One 75-year-old patient in a long term care facility experienced nightmares for about a year.[1] When the patient was finally advised to change the administration of betaxolol and carbachol drops by closing the eyes for one or two minutes after instillation (to reduce lacrimal drainage), the nightmares stopped. This intervention occurred when a nurse contacted the pharmacist and asked whether the nightmares could be related to any of his medications.

A vivid example of systemic toxicity with an unlikely association with eye drops was that of a patient prescribed ocular homatropine 5 per cent for treatment of iritis.[2] Her symptoms appeared to have an abrupt onset when she returned from work one day "speaking wildly". Later in the evening she thought she saw herself performing on television and claimed to be followed by men. The following day she had florid visual hallucinations involving "piles of money".

When in the emergency room and shouting in Polish to her husband, her only discernible English words were "I not crazy". She had no significant past medical history. The husband stated she was not on medication and had no allergies. She had full medical examinations and detailed investigations with no specific findings that would lead to a diagnosis. Only after obtaining further history from the patient's niece and later on from the patient herself did it emerge that she had recently started to use extra homatropine drops as she thought they were "missing her eye" and she wanted a faster recovery. She was soon stabilised after admission to hospital.

Atropine is commonly used for diagnostic and therapeutic reasons to enable prolonged pupillary dilation with paralysis of accommodation. Its common side effects include dry mouth, flushing of skin, fever and thirst. More severe reactions include CNS effects leading to dysarthria, ataxia, confusion, hallucinations, coma and convulsions.

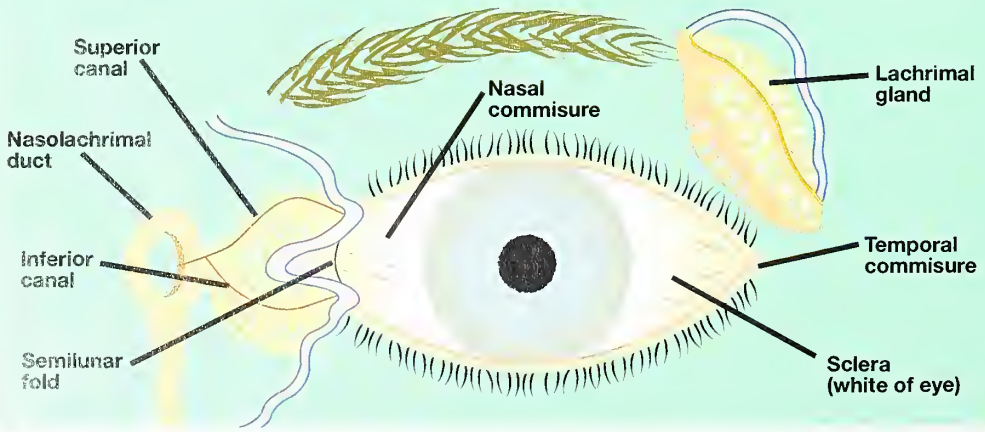
Despite the advent of many newer agents, topical pilocarpine is still used in the treatment of glaucoma to lower intraocular pressure. Its side effects are due to muscarinic poisoning. Symptoms include nausea and vomiting, sweating, salivation and CNS symptoms. The above examples illustrate how systemic side effects from topical drops may be both severe and varied. They may affect various systems and are often initially deemed unlikely to be caused by topical medication. Other examples are summarised in Table 1.

There is a wide variation in susceptibility to the adverse effects of topical treatment. It is influenced firstly by factors relating to the drug itself, such as concentration and volume of drop

Table 1. Some systemic side effects of common topical ophthalmic medications

Medication type		Side effects
Beta-blockers	Timolol, Betaxolol	Bronchospasm, bradycardia, hypotension, depression, impotence, heart failure, myocardial infarct
Miotics Cholinergic	Pilocarpine	Nausea, vomiting, abdominal pain, diarrhoea, bradycardia, hypersalivation, sweating, bronchoconstriction, confusion, tremor, headache, ataxia
Mydriatics	Tropicamide Phenylephrine	Hypertension, dysrhythmias, tachycardias, myocardial infarction
	Atropine Homatropine Cyclopentolate	Confusion, ataxia, hallucinations, flushed dry skin, increased temperature Children – Hyperpyrexia, coma, convulsions, dysarthria
Anti-inflammatory	Levocabastine	Headache, drowsiness
	Lodoxomide	Flushing, dizziness
Sympathomimetics	Brimonidine tartrate	Headache, dry mouth, fatigue, dizziness
Carbonic anhydrase inhibitors	Trusopt	Headache, dizziness, parasthesia, asthenia, allergic reactions, urolithiasis
Prostaglandin analogue	Latanaprost	Dyspnoea, exacerbation of asthma

Anterior aspect of the eye showing the lachrimal apparatus



dispensed. Secondly, patient factors may affect toxicity. For example an increased level of eye inflammation may lead to greater absorption of the drug into the systemic circulation via the engorged conjunctival capillaries. An upright posture increases the amount of drug entering the nasolacrimal duct and so a greater chance of systemic side effects.

Sensitivity to toxic effects, for example with anticholinergics, varies within the population. Certain genetic groups may be more susceptible than others. Other vulnerable people are those who are very young or old, or who have reduced renal function.

Systemic absorption can be minimised with relatively simple measures. These measures alone may be sufficient to prevent unwanted symptoms. Firstly some patients overdose as they feel either that the drop is not getting into the eye or that extra treatment may speed their recovery or optimise their treatment. Chilling the drop may allow the patient to feel it when it hits the eye.

Adequate explanation and counselling is important to ensure compliance with prescribed dosages. Patients should be instructed on proper use of drops, such as leaving adequate time between different drops, together with proper storage and appropriate disposal of eye drop bottles as indicated on the label.

An explanation of the potential side effects should also be given, as the prescribing doctor may not have mentioned them all. This will minimise delay in the patient seeking medical attention, should unusual symptoms occur.

After instillation the patient may close the eyes gently for five minutes. This impedes the flow to the nasolacrimal duct. Alternatively, the patient may apply fingertip pressure to the most medial part of the lower eyelid for one minute. This again occludes the nasolacrimal duct.

The specific contra-indications of particular eyedrops should be remembered, such as non-selective beta-blockers and asthma. Pharmacists should also be aware of possible interactions with other drugs administered orally, or through intravenous or intramuscular routes.

The clinician should consider treating with the lowest effective dose at the longest effective dosing interval. Ointments in general lead to less systemic absorption and should be considered if systemic toxic effects are to be minimised. Their viscosity leads to poor flow to the nasolacrimal duct and less conjunctival absorption.

As illustrated, systemic toxicity from topical ophthalmic preparations may be unexpected, sudden and dangerous. Armed with this awareness, the pharmacist has a vital role to play in minimising potential problems. The education of patients about how to minimise systemic uptake and the importance of compliance should be combined with an explanation of potential side effects. An awareness of the broad range of potential problems may also help in directing patients to medical attention once toxicity is suspected. A raised awareness of the potential for intervention may ultimately save patients from discomfort, disease and even death.

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1. Mort JR. Nightmare cessation following alteration of ophthalmic administration of a cholinergic and a beta-blocking agent. Annals of Pharmacotherapy 1992;26(7-8):914-6.

2. Reilly KM, Chan L, Mehta NJ, Salluzzo RF. Systemic toxicity from ocular homatropine. Academic Emergency Medicine 1996;3(9):868-71.

Tariq Aslam is a research fellow, Edinburgh Eye Pavilion, and Shabnum F. Aslam is a clinical pharmacist, City Hospital, Nottingham

Claims for new Pill 'misleading'

Schering Health Care's claim that Yasmin is "the Pill for wellbeing" is unjustified, misleading and should be withdrawn, according to this month's *Drug and Therapeutics Bulletin*.

The new contraceptive Pill, launched earlier this year, appears to have similar contraceptive efficacy to other standard strength combined oral contraceptives. However, the report says that there is no compelling evidence to suggest that Yasmin offers any advantages over other COCs in weight gain, skin condition or premenstrual symptoms. The *DTB* also found that Yasmin's effects on cardiovascular risk have not been quantified. At £59 for 12 cycles of treatment it is also the most expensive COC. Others cost between £7 and £38.

"Given that Yasmin has no proven superiority over, and costs more than, other COCs, we cannot recommend it," concludes the *DTB*.

Schering Health Care said that it "wholly disagreed with the conclusions made in this misleading and flawed assessment of Yasmin". A spokesman for the company said: "We believe that this critique is unbalanced and inadequately supported by the discussion and analysis of the published work reviewed."

For more information:

www.which.net

www.schering.co.uk

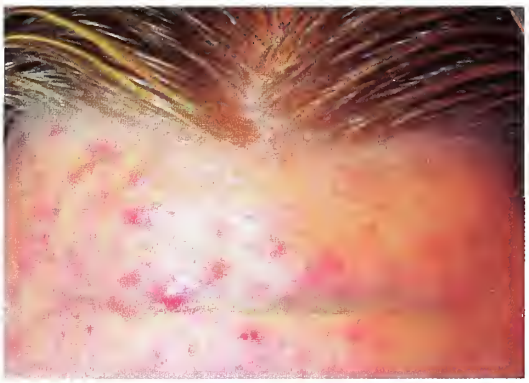
Cheap acne treatments as good as oral antibiotics

Cheaper topical acne treatments have been found to be as good, both clinically and cost-effectively, as oral antibiotics.

In an NHS-funded Health Technology Assessment, 649 patients with mild to moderate facial acne were assigned to receive one of five common antimicrobial therapies.

After 18 weeks patients assessed the improvement in the overall severity of their acne and the reduction in inflamed lesions was measured.

The most effective treatments were the topical Benzamycin used twice daily and its components given separately (topical erythromycin daily and benzoyl peroxide 5 per cent daily), followed by 5 per cent benzoyl peroxide twice daily. Least effective were oral oxytetracycline and minocycline. Benzoyl peroxide was also the most cost-effective treatment and minocycline was the least cost-effective.



After 18 weeks the greatest improvement was found in those patients using cheaper topical acne treatments

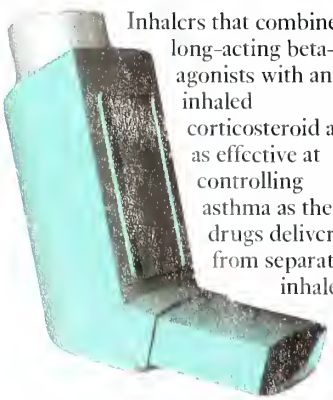
Topical erythromycin treatments were also the most effective at reducing the prevalence and population density of infection with cutaneous *Propionibacterium* acnes.

The study, which has not yet been published, was presented at the British Association of Dermatologists' annual conference in July.

For more information:

British Journal of Dermatology 2002; 147 (Suppl 62):13-18

Combination inhalers equally effective



One inhaler is just as effective as two and saves the NHS money

Inhalers that combine long-acting beta-2 agonists with an inhaled corticosteroid are as effective at controlling asthma as the drugs delivered from separate inhalers.

Using one combination product is also cheaper for the NHS than two separate inhalers, according to the latest *Drug and Therapeutics Bulletin*. The report considered the use of Symbicort (formoterol and budesonide) and Seretide (salmeterol and fluticasone) in patients with mild asthma.

The *DTB* say that it is reasonable to expect that using one combination inhaler improves adherence in patients requiring treatment with two drugs although there is no published evidence to support this.

However, using separate inhalers allows for more subtle tailoring of the dose when a patient is unwell and requires more corticosteroid.

Combination products also mean it is less easy to assess whether the patient still needs both drugs and in which doses.

The report concludes that Symbicort or Seretide may be most suitable for patients stabilised on the individual components who have difficulty using inhalers or who pay the prescription charge.

For more information:

www.which.net

Short courses for kids' UTIs

A short course of oral antibiotics is as effective as longer courses in eradicating lower urinary tract infections in children, according to a paper in *Archives of Disease in Childhood*.

A meta-analysis of 10 randomised controlled trials involving 652 children showed that there was no significant difference in the frequency of positive urine cultures up to seven days after treatment in children receiving short courses (two to four days) or standard length courses of antibiotics (7–14 days).

There was also no significant difference between short and standard courses in the development of resistant organisms in UTI at the end of treatment or in recurrent infections. UTIs are common in children, affecting 2 per cent of boys and 8 per cent of girls by eight years of age.

For more information:

http://adc.bmjjournals.com

Drug resistant HIV increasing

Patients newly infected with the human immunodeficiency virus should be tested for resistance to antiretroviral drugs before starting treatment, according to a paper in the *New England Journal of Medicine*.

The proportion of new HIV infections that involve a drug-resistant form of the virus is increasing in North America.

The frequency of high-level resistance to one or more drugs increased from 3.4 per cent between 1995–1998 to 12.4 per cent during the period 1999–2000.

Multi-drug resistance increased from 1.1 per cent to 6.2 per cent.

In patients infected with the drug-resistant virus initial antiretroviral therapy is most likely to fail. The time to viral suppression after starting drug therapy is also longer.

For more information:

www.nejm.org

Vegetarian omega-3 option from Seven Seas

Seven Seas is launching a vegetarian alternative to traditional omega-3 supplements.

Seven Seas Vegetarian Omega-3 is aimed at people who could benefit from cod liver oil but are either reluctant or unable to take it.

The capsules use pure organic flax oil as the source of alpha-linolenic acid. ALA is the essential omega-3 fatty acid that is the precursor to the long-chain marine fatty acids EPA and DHA found in fish oil and cod liver oil.

Each capsule provides 300mg of flax seed oil which is cold pressed and purified to ensure it is free from preservatives. The capsules are gelatine and gluten-free.

Tim Horne, Seven Seas marketing manager, says: "Although omega-3 ALA is not as efficiently used by the body as omega-3 EPA and DHA found in fish, fish oil and cod liver oil, it is of utmost importance to people who don't eat oily fish or take fish supplements."

Price: £4.99

Pack size: 30 capsules
Pip code: 287-0277
Seven Seas Ltd
Tel: 01482 375234.

Vantage cuts the cost of analgesics

AAH Pharmaceuticals is extending the Vantage own-label range with a selection of low priced analgesics and cough syrups.

The Vantage analgesics range comprises 500mg Paracetamol in two pack sizes, Co-Codamol (paracetamol and codeine) and Extra Power pain relief tablets (paracetamol, aspirin and caffeine).

The non-drowsy cough syrups include Dry Cough Syrup, Expectorant Cough Syrup, Expectorant and Decongestant Cough Syrup and Junior Expectorant Cough Syrup.

Point of sale material is available.

Price: Paracetamol (16) £0.25, Paracetamol (32) £0.39, Co-Codamol (32) £1.29, Extra Power (16) £0.99. All cough syrups are £2.29 for 150ml

AAH Pharmaceuticals Ltd
Tel: 024 7643 2000.

Huggies gives Adventurers improved flexibility

Kimberly-Clark has redesigned Huggies Adventurers disposable nappies to improve fit and comfort.

New Huggies Adventurers (12+ months) nappies feature a flexible-fit waistband and stretchable outer cover.

In-store from September, the improved nappies will be supported by a TV and press campaign in the last quarter of 2002.

Huggies Beginnings (0-3 months) and Huggies Freedom (4+ months) are unchanged.

For more information:

Kimberly-Clark Ltd
Tel: 01732 594000.

Calpol guides parents on childhood ailments

Calpol has launched a free guide for parents called *Common Childhood Ailments*.

The guide offers advice on a number of common ailments that affect children in the first five years of life.

With the increasing focus on self-care, it enables parents to take a more active role in their child's health.

Easy to follow advice on nutrition, colds and flu, teething, immunisation and pain and fever is included in the guide, providing parents with the confidence to deal quickly and effectively with any childhood ailments.

For more information:

Pfizer Consumer Healthcare
Tel: 02380 628274.

New insulin from Aventis

Aventis will launch insulin glargine under the brand name Lantus on August 28.

Insulin glargine 100iu/ml is an insulin analogue produced by recombinant DNA technology with a prolonged duration of action. It should be administered once daily, in the evening.

Lantus is available in three formats: a 10ml vial, a 3ml cartridge or a pre-filled 3ml disposable pen called OptiSet.

The OptiSet and the cartridges are available in packs of five.

Aventis recommends the use of Penfine needles with the OptiSet pen.

Price: 10ml vial £22.29 Pip code: 289-3709; 5x3ml cartridges £37.89 Pip code: 289-3659; 5x3ml OptiSet £39.00 Pip code: 289-3717

Tel: 01732 584000.

Long-acting risperidone

Janssen-Cilag has launched a long-acting injectable form of risperidone.

Risperdal Consta is available in three strengths, 25mg, 37.5mg and 50mg. The recommended dose is 25mg administered intramuscularly every two weeks.

The pack contains a vial containing Risperdal Consta powder, one pre-filled syringe containing the solvent, needles for reconstitution and IM injection. The entire pack should be stored in a refrigerator. If refrigeration is not possible it may be stored at room temperature (not exceeding 25°C) for seven days prior to administration.

Price: 25mg £82.92, 37.5mg £115.84, 50mg £148.55

Pip codes to be advised
www.risperdal-consta.co.uk

Frontshop

Wella Silvikrin steps out in style

Wella is developing the Silvikrin brand by introducing a wider range of hair styling products.

From October 1, the Wella Silvikrin range will comprise 21 styling products designed to appeal to younger women.

New products include six 24-Hour Volume Blow Dry Sprays and Mousses formulated to provide long lasting volume.

The range also features three finishing products – Lasting Smoothing Crème, Lasting Control Gelee and Lasting Texture Wax.

Wella Silvikrin hairspray has been reformulated to deliver longer lasting hold and control and a finer, more even application. It is available in five variants – Maximum, Firm, Natural, Conditioned and Flexible hold.

Packaging has been updated to appeal to younger consumers.

The launch will be supported by a £2.9 million multi-media campaign targeted at women aged 35-45 and focusing on the technology behind the products.

Price: Hairspray £1.89 (200ml), £2.49 (300ml), £3.49 (450ml), all other styling products £2.99

Wella Great Britain
Tel: 01256 320202.

Palmolive cleans up with Aromatherapy addition

Colgate-Palmolive is introducing another variant to the Palmolive Aromatherapy range at the beginning of September.

Tranquility shower gel and bath foam contain a blend of sandalwood, rose and cedar essential oils.

The deep blue variant is formulated to help calm the senses and soften the skin.

It comes in transparent packaging to complement the two existing variants in the range – Anti-Stress and Energy.

The launch will be supported by a £4 million marketing programme including TV and outdoor advertising and sampling activity.

The Aromatherapy range has fuelled sales of Palmolive which is the fastest growing brand in the personal wash market (Information Resources 52 w/e 26 May 2002).

Price: shower gel (250ml) £1.99, bath foam (500ml) £2.49

Colgate-Palmolive Ltd
Tel: 01483 302222.

Christmas is all wrapped up with Lever Fabergé

Lever Fabergé is introducing a range of Christmas gift packs for Lynx, Physio Sport, Brut, Impulse and Dove.

Lynx is featured in seven gifts including two travel bag sets and a Wake Up pack containing Transform Shower Gel and an exclusive Lynx Talking Alarm Clock (£5.49).

Physio Sport comes in three gift sets including a pack containing Vital Instinct Deo Bodyspray, Shower Gel and FM Radio Stopwatch (£10.00).

Brut is available in a classic gift set containing a deodorant and splash-on lotion (£6.19).

For women, there is a choice of four Dove selection packs. These range from a Shower Bliss pack containing Dove Body Wash, Cream Bar and Shower Puff (£4.19) to a Pure Indulgence pack with Dove Daily Cleansing Cloths, Body Silk and Eye Mask (£11.99).

Three Impulse bodyspray packs include a Get Ready kit with Air bodyspray, eyelash curlers, manicure kit, mirror and toe separators (£9.99).

For more information:

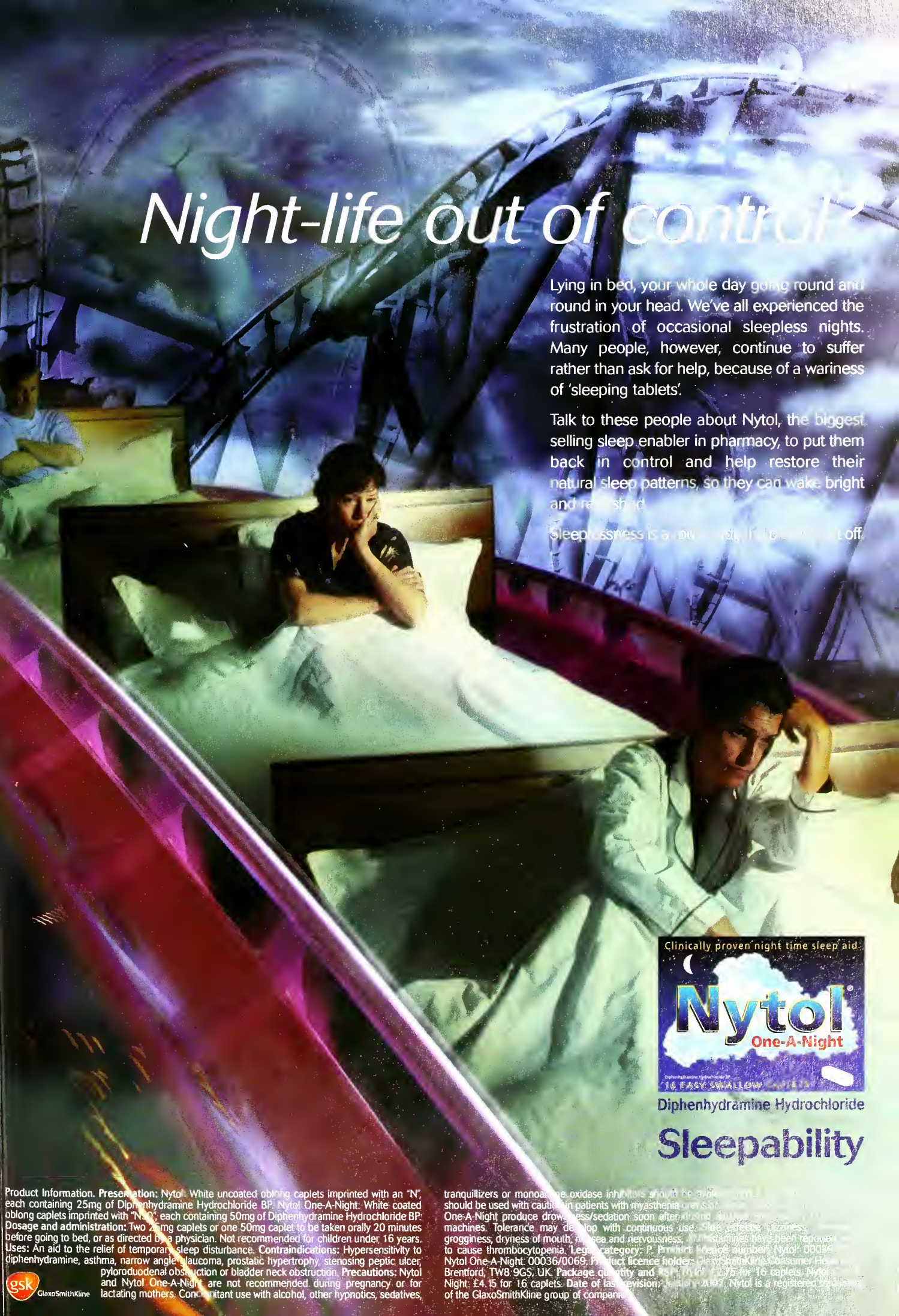
Lever Fabergé
Tel: 020 8439 6100.

TV next week

AquaBan: GMTV
Califig: C4
Full Marks Mousse: G, CAR, C4, C5,SAT
Germoloids: All areas
Hedex: Sat
Imodium Instants: All areas
Just For Men: All areas
Listerine: All areas except U, Y, A, CTV, M,TT
Lucozade Sport: All areas except U, CTV, GMTV
Movelat Relief: C5
Nytol: B, G, Y, C, HTV, W, TT, C4, GMTV, Sat
Oxy: All areas except U, CTV, GMTV
Panadol: All areas except U, CTV
Pearl Drops: All areas except U, GMTV
Pepcidtwo: All areas except A, M, GMTV, TSW
Ribena: All areas except U, CTV
Seabond: All areas
Senokot: All areas
Sensodyne Gentle Whitening: All areas except U, CTV
Solpadeine: All areas except U, CTV
Windeze: B, G, Y, C, A, TT

PharmaSite for next week: Solpadeine – Window, **Solpadeine** – In-store, **Canesten Care** – Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire



Product Information. Presentation: Nytol: White uncoated oblong caplets imprinted with an "N", each containing 25mg of Diphenhydramine Hydrochloride BP. Nytol One-A-Night: White coated oblong caplets imprinted with "N1", each containing 50mg of Diphenhydramine Hydrochloride BP. **Dosage and administration:** Two 25mg caplets or one 50mg caplet to be taken orally 20 minutes before going to bed, or as directed by a physician. Not recommended for children under 16 years. **Uses:** An aid to the relief of temporary sleep disturbance. **Contraindications:** Hypersensitivity to diphenhydramine, asthma, narrow angle glaucoma, prostatic hypertrophy, stenosing peptic ulcer, pyloroduodenal obstruction or bladder neck obstruction. **Precautions:** Nytol and Nytol One-A-Night are not recommended during pregnancy or for lactating mothers. Concomitant use with alcohol, other hypnotics, sedatives, tranquillizers or monoamine oxidase inhibitors should be used with caution in patients with myasthenia gravis. Nytol One-A-Night produce drowsiness/sedation soon after dosing. Use effects machines. Tolerance may develop with continuous use. Side effects drowsiness, grogginess, dryness of mouth, nausea and nervousness. Barbiturates have been reported to cause thrombocytopenia. **Legal category:** P. Product licence number: Nytol: 00036/0068. Nytol One-A-Night: 00036/0069. Product licence holder: GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, UK. Package quantity and RSP: Nytol: £3.75 for 16 caplets. Nytol One-A-Night: £4.15 for 16 caplets. Date of last revision of text: April 2003. Nytol is a registered trademark of the GlaxoSmithKline group of companies.

gsk GlaxoSmithKline

Menstruation is a fundamental part of being a woman and is a constant reminder of the synchronised female sexual cycle. Fawz Farhan reports on menstrual disorders

Keeping a balance

Menstruation, commonly called a period, refers to the monthly shedding of the uterus lining that occurs when an egg (ovum) has not been fertilised. The menstrual flow contains bits of endometrium, blood and mucus.

A normal menstrual cycle averages 28 days, with day one referring to the first day of menstruation and day 14 marking the time of ovulation. However, cycles can vary in length from 22 to 45 days and periods can last two to six days.

The function of the menstrual cycle is to regulate the maturation of the ovum and prepare the uterus for implantation. The pituitary gland releases follicle stimulating hormone (FSH) to start the development of the egg in the ovaries. The follicle that the egg grows in then releases oestrogen into the bloodstream to prepare the endometrium for potential pregnancy. As a result, the endometrium thickens and uterine secretions increase. At the same time, oestrogen acts as a feedback mechanism to stop any more eggs maturing, and to stimulate the release of luteinising hormone (LH) from the pituitary.

At day 14, a sudden LH surge from the pituitary causes the release of the mature ovum, a process called ovulation. The follicle left behind develops into a structure called the corpus luteum and starts to produce oestrogen and progesterone to thicken the endometrium further. The increasing levels of oestrogen and progesterone inhibit the release of FSH and LH from the pituitary in another feedback mechanism.

The course of the cycle from this stage will depend on whether or not the ovum has been fertilised. If fertilisation has occurred, hormones are released to keep the endometrium intact and allow successful implantation. If no fertilisation takes place, the egg disintegrates, the corpus luteum degenerates and oestrogen and progesterone production falls, all of which lead to the shedding of the endometrium and menstruation.

Period pain

Period pain, or dysmenorrhoea, is more common in teenagers and young women who have had no children. It affects as many as half of all menstruating women, with one in 10 being incapacitated by it for at least one day a month.

Period pain is caused by the uterus contracting to expel the lining. If periods become painful suddenly, secondary causes may be to blame. These include fibroids, endometriosis, pelvic inflammatory disease or ectopic pregnancy. The patient then needs to be referred to the doctor.

Symptoms of period pain include pain and cramp in the lower abdomen, lower back or tops of the legs. However, other symptoms can also include dizziness, bloating, diarrhoea, nausea and vomiting, headache and symptoms of premenstrual syndrome. Symptoms are worse on the day before the period starts and on the first couple of days of the period.

Treatment for straightforward period pain is with over the counter analgesics. Some of these also include hyoscine for muscle spasm. Prescribed mefenamic acid can help reduce contractions and blood flow. Severe period pain can be treated

"Period pain is more common in teenagers and young women who have had no children"

with progestogens and combined oral contraceptives as these help to make periods lighter. Heat in the form of a warm bath or hot water bottle can also help reduce the pain.

Irregular periods

Each woman develops her own unique cycle and menstrual pattern. However, if the cycle becomes markedly irregular and starts to vary in length or even disappear (amenorrhoea), then the underlying causes need to be investigated and treated.

Pregnancy is the most obvious cause of a period disappearing and it is important to discount this before any treatment is recommended. Women who have just had a baby, or are breastfeeding, will have irregular periods initially and so will women approaching the menopause. Stopping the contraceptive pill can also have the same effect, but should right itself with time.

Low body weight and excessive exercise can lead to irregular periods. Periods usually disappear in anorexia nervosa and may become irregular in bulimia nervosa. However, even women with 'normal range' weight can be affected, as there is a minimum body weight threshold for regular menstruation. Female athletes undergoing heavy training will experience irregular periods, but revert back to normal when training stops. Chronic or acute stress and severe illness can also affect hormonal function and lead to irregular periods.

Endocrine diseases, such as polycystic ovary disease (where ovulation and ovarian hormones are affected), Cushing's syndrome and thyroid disorders can all affect normal hormone function of the menstrual cycle and lead to amenorrhoea. Pituitary or hypothalamic disorders also affect ovulation.

Heavy periods

Some women generally have heavier periods (menorrhagia), but if there is a change from the norm, or if it is leading to anaemia, then the causes need to be investigated and treated.

The intrauterine device (IUD) used for contraception can produce heavy periods because it interferes with the monthly development of the endometrium. Switching to progesterone intrauterine system can make periods lighter and shorter, although the bleeding may be irregular in the first three months.

Heavy periods can also be a sign of endometriosis. This is a condition where endometrial tissue is found outside the uterus, such as in the ovaries, vagina, rectum and colon. This tissue reacts to the normal menstrual hormones and swells and bleeds in the same way as in the uterus. Symptoms depend on location and include painful periods, infertility, cyclic rectal pain and diarrhoea. Treatment is with progestogens, the combined contraceptive pill or danazol. Surgery is suitable for more severe cases.

Fibroids, which are benign tumours on the uterus walls, can also lead to heavy periods and may interfere with pregnancy. Non-menstrual bleeding may indicate cancerous tumours.

Premenstrual syndrome

Premenstrual syndrome (PMS) is a recognised medical condition which affects women of any age. The range of symptoms and their severity vary from person to person and from month to month. Around 150 symptoms have been associated with the syndrome, more common ones include fatigue, irritability, depression, weight gain, bloating and breast tenderness. Symptoms appear seven to 10 days before the start of the period and disappear soon after it starts.

The causes of PMS are unknown, but are linked to fluctuations in the levels of hormones in the cycle and water retention, and the lack of some nutrients, in particular gammalinolenic acid.

Treatment includes pyridoxine (vitamin B6), diuretics for the water retention, progestogens, combined oral contraceptives and evening primrose oil. Adopting a healthier diet can also help. Sufferers should cut down on sugar and salt, drink plenty of water and eat little and often. Exercise, relaxation, stress avoidance, acupuncture and aromatherapy can also help.

The best way for a woman to determine whether she has PMS is to keep a menstrual diary for at least three consecutive months, noting when symptoms occur. If symptoms are experienced throughout the cycle and do not disappear or significantly improve, either on the first day of the period or after the day when the flow is heaviest, the patient should be referred to her doctor.

PMS symptoms can be eased by cutting sugar and salt from the diet, drinking plenty of water and getting as much relaxation and exercise as possible

Innovation the key to unlocking new markets

While a grocery price war has affected the value of the sanpro market, manufacturers remain optimistic. Sarah Purcell reports

Manufcturers are convinced that sales of sanitary protection items will pick up again on the back of product innovations, despite a drop in sales over the past year

The average age for beginning menstruation is now 12 and women have around 12-13 periods a year for some 35-40 years. This should spell good news for the sanitary protection industry, yet the last year has seen sales decline by 5.6 per cent to £251 million, in spite of a plethora of product innovations.

There is a simple explanation for the drop in sales. "In 2001 VAT on sanitary products was slashed to 5 per cent and, at around the same time, grocers included these products in their everyday low pricing schemes, so they cost considerably less than before," says Rachel Price, senior brand manager for Lil-lets.

But manufacturers are convinced the effects will be short lived. "I think the effects of these two factors will gradually wear off and the new products we're seeing coming onto the shelves tend to have higher price points, so we will see sales creep up once more," says Martin Hodson, marketing manager for Bodyform at SCA Hygiene.

Innovations

"The winning sector in femcare at the moment is liners, and this is mostly due to the fact that more women are using them on a regular basis," says James Kenney, femcare brand manager for the UK and Republic of Ireland at Procter & Gamble.

There has been plenty of innovation in the liners market too, which has helped to boost sales, with string liners proving popular – now accounting for about 6 per cent of liner sales – black liners and micro liners.

Towels have seen a slight decline in sales, and Mr Kenney believes much of this is because more women are tending to use liners at the end of a period, so not as many towels are needed each cycle.

Tampon sales are stable and recent innovations include domed ends and softer, smoother covers in non-applicator tampons. Lil-lets has introduced a super plus extra variant, which gives maximum protection, and mixed packs. "I think the mixed packs encourage women to use the absorbency they need, rather than choosing one absorbency for the whole of their period," says Ms Price. At P&G the relaunched Tampax Compak has a clever plastic applicator which makes the product half the size of a normal applicator tampon. The product has doubled its share since the relaunch in January.

Who uses what?

"Girls tend to start off using towels and continue with these until around the age of 16, when many switch to tampons for greater discretion," says Mr Kenney. "And by around the age of 25 most women have decided whether they prefer towels or tampons, and tend to stick with these until after the birth of a baby, when they often switch to towels – at least for a few months."

According to Mintel's report on the sanpro market (2001), the traditional thicker towels tend to be used by women who have heavy periods, while tampon users often use the towels at night. The extra-thin towels with wings are favoured by younger women without children.

Liners are preferred by 20 to 24-year-olds and those in higher income brackets, as well as working women and tampon users. Asked by Mintel what their main priority was when choosing a sanpro product, the women surveyed said:

- "My main concern is comfort" (43 per cent)
- "I am prepared to pay extra for better quality products" (35 per cent)
- "Buy a variety of products for different stages of the cycle" (34 per cent)
- "Usually buy the brand I have always bought" (27 per cent)
- "Prefer to buy larger packs" (15 per cent)
- "I buy variety packs which cater for different stages of cycle" (14 per cent)
- "I always look for the smallest towels and tampons" (13 per cent)
- "Concerns about toxic shock syndrome have made me swap to sanitary towels" (11 per cent)
- "My main concern is price" (10 per cent)
- "Own-label products are just as good as branded ones" (8 per cent)
- "I would buy tampons and towels packaged together" (8 per cent)
- "I only buy products which are individually wrapped" (7 per cent)
- "I worry about the environmental effects of disposing of sanitary protection products" (7 per cent)
- "I am influenced by the colour and design of packaging" (3 per cent)

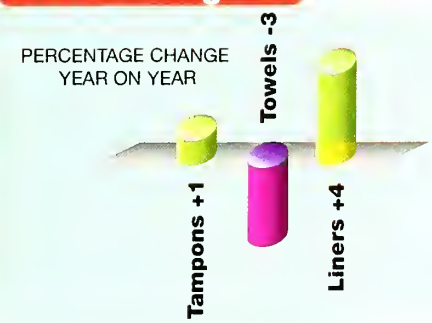
(Women aged 15-54, 1999-2000 Source: Mintel)

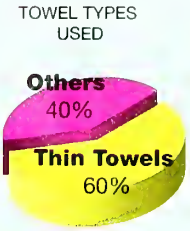
Grocery boom

There has been a strong shift towards purchasing sanitary protection along with the weekly shop, and television advertising has helped to take away the embarrassment factor. Grocers account for 66 per cent of sales, while pharmacies and drugstores take 34 per cent. Independent pharmacies account for just 3 per cent of total sales.

Manufacturers believe pharmacists could make more of their advisory role in this area. "They do well with sales in incontinence products because of the recommendation that customers need when selecting a product. But there's such a huge range of sanitary protection products now available that pharmacists could be playing more of an active role in giving advice on choice," says Mr Hodson.

Facts and figures





Mr Kenney also thinks advice is the key to increasing sales: "When girls first start menstruating, it's usually their mums that make the purchases, and they'll often want advice on what the newest products are."

Stocking a good core range is essential – pick fast sellers and use all the point of sale material that you're given.

Feminine hygiene news

Micro appeal

Micro claims to be the world's smallest pantyliner and is designed to fit any type of underwear. Aimed at 16 to 24-year-olds, the pack has a contemporary look with designer colours and comes in packs of 22.

Also new are Bodyform String towels, Bodyform String liners and Bodyform Complete, which is a cross between a towel and a liner. The Bodyform core range has been relaunched and divided into three sub-ranges: Invisible, Classic and Goodnight.

New Bodyform Micro is the world's smallest pantyliner

Each comes in a different coloured pack. Procter & Gamble UK, tel: 01932 896000.

Always has improved

New to the Always range is Always Tanga, a towel designed to fit G-string underwear. The Always range has been improved and is now totally breathable with anti-bunching technology to keep the pad firmly in place. The Always Ultra Night pad now has longer, flexible wings for better protection.

New to the Alldays pantyliner range is Alldays Black, a liner for use with dark underwear. Also new is Alldays Tanga, created for G-string underwear, and Alldays Tanga Black. SCA Hygiene Products, tel: 01582 677400.

Discretion guaranteed

The relaunched Tampax Compak comes in a

Tampax Compak has been relaunched this summer in colourful new packaging

colourful box with discretion wrapped tampons. The compact applicator is small enough to fit into a pocket, but extends to full size when used. Tampax non-applicator tampons now come in discretion boxes – branding only appears on the outer wrapper. Procter & Gamble UK, tel: 0191 297 5000.

Cleansing mousse

The maker of Lil-lets has introduced a range of intimate hygiene products this summer. Intimate Care Mousse is a gynaecologically approved clear cleansing mousse that's soap and perfume-free. It contains camomile and lactic acid. Bathroom 30s Feminine wipes can

Lil-lets has a new range of intimate cleansing products

be used throughout the cycle to gently cleanse.

Survey backs Lactacyd Femina

According to GlaxoSmithKline, some 55 per cent of women who suffer from mild intimate irritation seek advice from a nurse or GP, and 48 per cent buy a product from a pharmacist, which highlights the importance of this sector in the pharmacy. Some 75 per cent of women experience such irritation at some time, and 87 per cent of those surveyed say they would

Continued on page 28 ▶

Lactacyd Femina is available as a wash or cleansing tissues

expect to buy GSK's Lactacyd Femina from their pharmacy. Lactacyd Femina is available as daily protective wash, active replenishing wash and soft cleansing tissues. GlaxoSmithKline Consumer Healthcare, tel: 020 8047 5000.

Canesten shows it cares

Canesten Care is a new range of feminine cleansing products. Canesten Care Feminine Wash (£4.99) and Canesten Care Feminine Wipes (£2.99) are both soap and fragrance-free, gynaecologically tested and enriched with vitamin E. Designed for everyday use, they are suitable even for sensitive skins. The launch is being supported with an educational campaign and sampling as well as press advertising. Bayer, tel: 01635 563000.

Bath & shower

Shower products have seen considerable growth during the past decade, with female use doubling during that time and male usage up by 25 per cent, according to Mintel's British Lifestyles report (Jan 02).

Imperial Leather is spicing up the soap market with the introduction of Sensual Bathing Bar. Designed for use in the bath, it contains moisturisers and exotic fragrances. There are three variants – Dream, Replenish and Unwind – and they retail at £1.49 each. Cussons, tel: 0161 491 8000.

Dermud range has grown

Ahava has extended the Dermud range for very dry skin with three products. Dermud moisturising shower cream (£8.00), Soothing Body Milk (£16.50) and Rich Cream for Elbows and Knees (£11.25) all contain Dead Sea minerals and mud to leave skin feeling soft and smooth. Ahava, tel: 01452 864574.

Goat's milk remedy

A new range of products based on goat's milk is now available for sensitive skins and eczema sufferers. The Canus range includes Goat's milk soap (£1.95), Goat's Milk Body Wash (£5.95), Goat's Milk Foaming Bath (£5.95) and Goat's Milk Moisturising Lotion (£5.95). Remedy Natural Products, tel: 01484 604911.

Tisserand indulgence

Tisserand believes that indulgence and relaxation are still key in the bath and shower products market. New to its range is Tea Tree & Grapefruit Skin Wash (£5.95), which has natural antiseptic properties. Aromatherapy Products, tel: 01273-325666.

Tisserand's Tea Tree & Grapefruit Skin Wash contains natural antiseptics

Scents on tap

Baylis & Harding has launched the Toiletries on Tap range of bath and shower cremes. Choose from In the Pink, with vanilla and musk notes; Into the Blue, a floral and citrus blend including basil, orange, rosemary and peppermint; Passion for Purple, a tropical blend of papaya with notes of pineapple and orange; Get Ready Amber, a mix of raspberry, blackcurrant, orange, mandarin and nectarine.

Baylis & Harding's new Toiletries on Tap bath and shower creme is a blend of fruity floral fragrances

Baylis & Harding, tel: 0121 359 0099.

Antiperspirants, deodorants and bodysprays

The total deodorant market was worth around £400 million last year, according to Mintel. Women's and unisex deodorants and APDs accounted for 46 per cent of sales, men's bodysprays 21 per cent, men's deodorants and APDs for 20 per cent and women's bodysprays 13 per cent. Grocery multiples dominate the market, with a 55 per cent value share of the total.

Aerosols are still the favourite format, used by around 77 per cent of people in the UK. Roll-ons are the next most popular, chosen by about 13 per cent of people. In the past they were sticky and took ages to dry, but the new formulations are non-sting and fast drying. Sticks, gels and creams represent about 10 per cent of sales altogether and new formulations include clear drying products that do not leave residue. Wipes are a small but growing sector which tends to be more popular in summer.

Female bodysprays have seen a decline in popularity over the last five years, thanks to more sophisticated fragrances being used in APDs and deodorants and a drop in prices of fine fragrances. The men's bodyspray market, however, is still booming, with sales up by 17 per cent over the last five years.

Top selling products in pharmacies

Shower products	Body washes	Deodorants & body sprays	Bath liquids
Radox Showerfresh	Dove Ultra Moisturising	Lynx	Radox
Imperial Leather	Johnson's pH5.5	Sure 24hr Intensive	Johnson's Baby
Lynx	Oil of Olay Daily Renewal	Sure for Men	Palmolive Naturals
Palmolive Naturals	Imperial Leather Aquasource	Dove Moisturising	Matey
Imperial Leather Foamburst	Radox Vitality	Soft & Gentle	Dove
Johnsons pH5.5	Simple	Impulse	Badedas
Original Source	Dove Nourishing	Right Guard Sport	
Sanex	Original Source	Vaseline Intensive Care	
Nutralia		Gillette Series	

All information IRI Infoscan May 02)

Palmolive's cool newcomers

Two new fragrances have been added to Palmolive Soft & Gentle. Cool Mist combines green floral notes with aromatic herbs, while Peach Silk is a blend of fruity notes. The brand is currently sponsoring *Dawson's Creek*, the teen drama. Colgate-Palmolive, tel: 01483 302222.

Nivea deodorants

Nivea has extended its skincare range to include antiperspirant deodorants. The range includes Deo Compact, a mini spray that contains as much as a 150ml aerosol in a 20ml tube (£2.59); Aerosol, which gives 24-hour protection (£2.35); Roll-on, with a quick-dry formulation (£2.25); and wipes (£2.19). All products come in men's and women's variants. The launch is supported by a £5.6m advertising campaign. Beiersdorf, tel: 0121 329 8800.

Nivea has extended its skincare range to include anti-perspirant deodorants

Spirit of Impulse

Lever Fabergé has extended the Impulse range with the launch of a moisturising body spray (£2.49) in three popular fragrances - Spirit, Air and O. It is backed by a £3m advertising spend. Also new is the fragrance Moongrass. Lever Fabergé, tel: 020 8439 6100.

Improved Sure

Sure has improved with an even longer-lasting formulation, said to work against "emotional sweat" too. The longer lasting protection is due to the formulation which slows down the re-growth of the bacteria that causes body odour. Lever Fabergé, tel: 020 8439 6100.

Longer-lasting Lynx

Lynx deodorant bodyspray has been relaunched with a new longer-lasting formulation and redesigned packaging. The brand is being supported by a £10m spend this year. Lever Fabergé, tel: 020 8439 6100.

Stay fresh with Adidas

Adidas has introduced a range of body sprays this summer which provide 24-hour freshness. Choose from Citrus Energy, Fitness Fresh, Active Start or Icy Burst. They are priced at £2.29 each. Coty UK, tel: 020 8971 1300.

John Kerry looks at ways of evaluating the health of a pharmacy business before thinking of a merger or sale

Is your finger on the pulse?

There are critical times in the lifecycle of any business when an objective evaluation of its status and worth is necessary.

Some would argue that this should not only be done at critical times but as an ongoing process to ascertain what steps may need to be taken to beef up the business and make it more profitable and worthy. It is too easy to use the annual financial audit as a health check on a business. It will tell one important story only, but won't show you the complete picture.

If your business was rushed into hospital with chest pains, the A&E consultant would give you a funny look if you showed surprise, because you had taken the patient's cholesterol reading every year and it appeared to be normal.

Businesses, like patients, can have problems that go undetected, simply because either they were not looked for, or they did not show obvious symptoms.

Especially when contemplating either selling or merging your pharmacy, you would not want any serious faults to be discovered by either a potential buyer or partner.

Other important aspects of your pharmacy's performance and health need to be assessed beforehand to ensure that no unpleasant surprises will occur and, more importantly, pre-emptive action may be taken.

Many businesses will provide an adequate or better than adequate living for their proprietor, even though they may be running inefficiently from a financial point of view.

A potential buyer may wish for more from your pharmacy than it currently provides, particularly if they have a hefty loan to repay, or intend to employ a pharmacist manager. Some of the obvious items to evaluate are:

- **stock turn/stock investment.** Dispensary and front shop stock-turn ratios should be evaluated separately. High margin slow-moving lines such as agency fragrances and skin care may also need to be separated from the bulk of your retail merchandise. You may wish to set target stock-turn ratios for each category, eg dispensary 16 times a year, front shop 10, agency four
- **mark-up.** How do you fix your gross profit margins? Do you follow manufacturer or wholesaler recommendations, multiply up at a standard percentage or apply your own multipliers to each category? If you know that your gross profit margins are unsatisfactory and could be a weakness of the business, there is no better time to change your practice.

There is no ideal formula to use, it depends on your business, the results that you achieve and the competition that you have.

Clearly, if your mark up is so high that it frightens customers away, it has to be looked at. On the other hand, if your pharmacy has little competition and operates on a low margin, this also needs to be addressed.

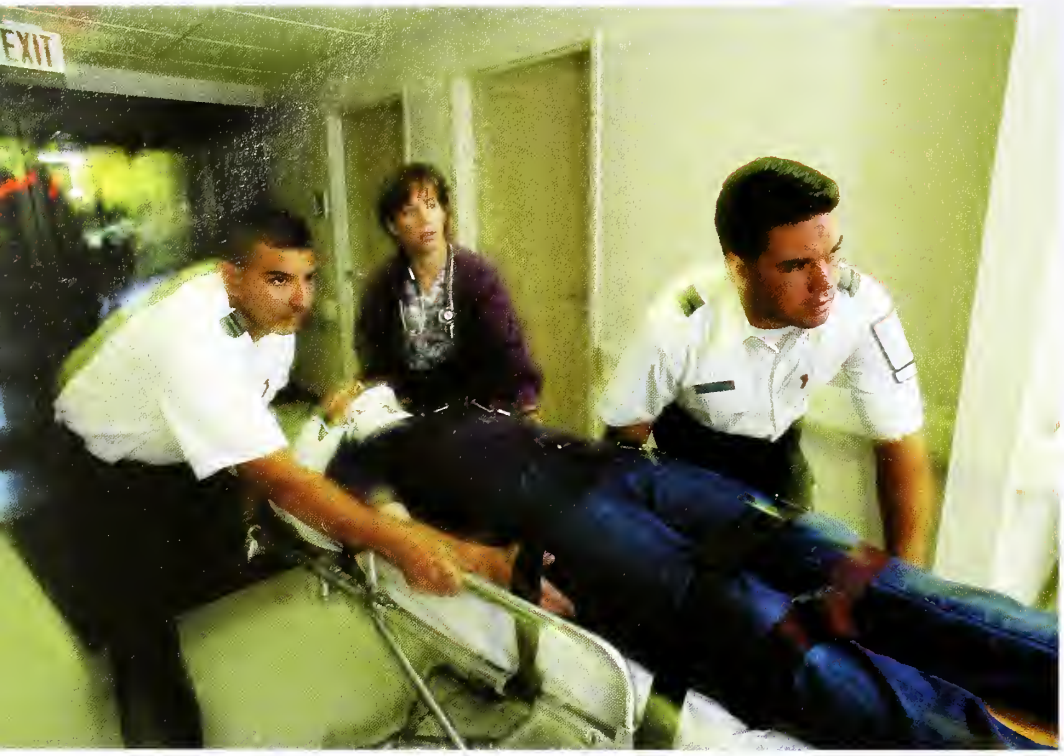
- **costs.** It is too easy in business to either absorb increased costs or fail to respond to changes in circumstances by reducing variable costs.

Over the years as costs increase insidiously and gross margins are kept the same, the bottom line gets smaller and the business appears to be a less attractive proposition, on paper at least. A prospective purchaser will use a reducing net profit figure to beat the price down. The "potential for improvement" argument carries less weight than a consistently healthy bottom line. Evaluate all of the variables, particularly the major items such as staff, insurance and utilities.

When contemplating a sale of your business or merger with another it is better for you to be fully aware of the opportunities available for increasing the sales and script volume. Intelligence such as this helps not only in the decision-making process but adds muscle to your negotiating power.

"Businesses, like patients, can have problems that go undetected, simply because either they were not looked for, or they did not show obvious symptoms"

Continued on page 30



Is your business in need of intensive care? It's vital that it has a clean bill of health before it goes up for sale or you consider a merger with another pharmacy. Give it a health check to see if it comes up to scratch

One often hears of a new pharmacy proprietor who was able to double turnover or better, in a short timescale, simply because they had spent time evaluating the market potential for the business before entering into negotiations. The proprietor who has not done his homework has only a few years of accounts to base his selling figure on and is always at a disadvantage.

It is possible that you are either unaware of the potential for extra business or were conscious of it but failed to take advantage. In either case this potential has to be fully assessed and understood.

The reasons why the pharmacy has not realised its potential by either exploiting market opportunities, attracting new customers or selling more to your existing customer base will need to be evaluated. Very often this is a task for an independent professional, like having a structural survey done on the building.

How well does your pharmacy look to customers? Can you stand outside your pharmacy, hold your hand on your heart and say "my shop is looking superb, it fits the location perfectly and cannot fail to attract customers?"

There is every chance that a prospective purchaser has already decided that with certain improvements your pharmacy would pull much more business through the door.

The aspects to evaluate are fascia, signage, colour scheme, window display, lighting, window graphics, cleanliness, overall impression and message being projected to the outside.

Similarly, is the internal look and feel of your store exactly what it should be? Facets to look at are layout, ease of movement around the fixtures and fittings (especially for parents with prams, and the elderly).

Is it easy to find products? Merchandising, price marking, lighting, tidiness, paintwork, information, safety (any loose tiles, dark corners, sharp edges, protrusions).

In fact, is your pharmacy really attractive to all from both the outside and internally? Is it a safe shopping environment, is everything easy to find, does it communicate well and does it appear at least to be a pleasurable shop to patronise?

Again, it is not always so easy to evaluate these aspects objectively and you may need help. Ask you staff, ask some customers who you believe will give you honest answers, but because this is too important to get wrong, get an unbiased and professional opinion.

How good is your reputation? Appearances can deceive and sometimes it is difficult to understand just why a business that looks so good does so poorly. And, although it goes against the grain, sometimes a pharmacy with the less attractive surface assets does much better than its well-designed competitor.

Clearly, if you are not in the happy situation where you are enjoying a share of the local market that either your appearance or location warrants, no doubt your reputation is to blame.

Whether warranted or not, a bad reputation can do severe harm to a business. This is frequently demonstrated by new proprietors with previously doubtful reputations, who insist that the first sign to be erected reads "under new management".

It is important that you as a proprietor know exactly what the local population think of your pharmacy. Vital parts of your business often affect your reputation and if they deteriorate and are ignored will have a corrosive effect on your turnover and profitability.

Staff: attitude, knowledge, helpfulness, manners, smartness etc. If patients and customers do not receive either what you wish to offer from your staff or they expect to receive, you should know. If you are not sure, have this aspect evaluated by someone you trust.

Staff who don't offer the right service levels, and this includes the pharmacist, do more damage to a business's reputation than any other single aspect.

Pricing policy: if customers think you charge too much, they will very seldom tell you, but will of course tell others. What is more, they will purchase elsewhere.

Do you offer the choice and variety that the local population want from their community pharmacy? In fact, have you ever bothered to find out whether you do or not? How do you compare? Do you think you have the beatings of your competition? Or are they leaving you behind?

Are you offering the right number and levels of additional services for customers and patients? Are other pharmacies providing patient seating, patient advice and consultation, help with carrying their bags, collection and delivery?

Do these things matter? The point is that if you have not paid attention over the years to either what customers may expect from a community pharmacy or what competitors are offering, you may well have lost out.

Your reputation will have suffered, not necessarily because you offered less but because others offered more. If at the same time standards of staff service, product choice, prices etc have slipped, your pharmacy's reputation will also have suffered. One can easily dismiss a fall in turnover and profitability by blaming it on changing customer buying habits, the growth of multiples, government policies and so on, while the real cause is a failure to recognise a deterioration in the service and retail standards of your pharmacy.

In reality, objectively assessing and evaluating your pharmacy when considering a sale or merger may spur you forward to take pre-emptive action before taking the plunge. You may discover that a modest investment can make all the difference to both the profitability of the pharmacy and its potential value.

"Is the internal look and feel of your store exactly what it should be?"

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Supporting the Games

Mark Stuart, superintendent pharmacist at the Manchester 2002 Commonwealth Games, describes the role pharmacists played behind the scenes at this year's event

Mark Stuart (front) with some of the pharmacists in the medical centre. From the left: Avril Frankl, Joanne Warner, Barbara Nimmo, Kathy Fitzpatrick

Ian Thorpe (or *homo aquaticus* as he is called by some) has earned the respect and admiration of the world. However, to achieve such greatness athletes need the backing of first-rate medical services, so spare a thought for the volunteers who gave up their time to provide a round-the-clock pharmaceutical service at the Manchester 2002 Commonwealth Games pharmacy.

After two years of planning, the pharmacy became operational on July 15 when the athletes arrived and remained open until their departure on August 7.

Sixteen pharmacists recruited under the Commonwealth Games volunteer scheme staffed the pharmacy from 7am until 11pm – completing an average of 11 eight-hour shifts each. An on-call service was provided overnight.

Located at the entrance to the purpose-built medical centre in the athletes' village, the pharmacy provided cover for around 5,000 competitors as well as hundreds of team officials and support staff.

Within the medical centre there are four doctors' consulting rooms, a four-bed observation ward, numerous physiotherapy treatment areas, an optometry service, a fully equipped dental surgery, and an MRI scanner. Doping control is also here. Athletes are randomly asked to provide a urine sample at very short notice. The testing and analysis of the samples was carried out at the Drug Control Centre at King's College, London.

The pharmacists, who were officially accredited, wore a photo identification pass to access the residential zone in the village, one of the highest security areas for the Games. They also wore an official Commonwealth Games uniform, designating them as part of the medical team. Hot meals were eaten in a massive specially-built dining marquee that served thousands of meals daily to the village residents.

All volunteer medical staff attended a training day at the Commonwealth Games village where they were given a guided tour of the facilities they shared with the athletes. Past Olympic and Commonwealth Games athletes attended the day and shared their experiences of life in a games village, giving a valuable insight into what to expect in the coming weeks.

Microsoft, one of the official Games sponsors, developed a specialised dispensing programme for the event, which permitted only the drugs listed on the Games formulary to be dispensed. This system is linked to the main games accreditation database, so both patient and doctor details can be accessed from information on their security pass, allowing for a very secure and efficient means of patient identification.

The link to the accreditation database means minimal data entry for the dispensing pharmacist. It is the first time a system of this kind has been used at any such event.

All drugs from the pharmacy, including OTC medicines, are issued on a prescription written by a GMC-registered doctor. This is an efficient way of closely monitoring the drugs that athletes are taking. It helps prevent them inadvertently taking a substance prohibited by the Olympic Movement Anti-Doping Code, and enables a more detailed medication history to be maintained, which is useful in optimising patient treatment.

Pharmacists were also involved in packing, distributing and monitoring emergency drug packs to be used by crowd doctors, and maintaining medicines for the medical and first aid rooms, at all 15 venues around Manchester. The pharmacy was also the point of call for family planning and sexual health advice. Leaflets from local organisations were distributed from the pharmacy. Visitors from developing countries, who have limited access to this information, particularly welcomed this service.

Some 150,000 Durex condoms were distributed from the pharmacy to the 5,000 resident athletes in the village (30 condoms per athlete). This is the most condoms ever distributed at a sporting event of this nature – 70,000 condoms were distributed at the Sydney Olympics and 12,000 at the Salt Lake City Winter Olympics.

Prior to the Games, demands for analgesic and anti-inflammatory drugs was expected to be high, due to musculoskeletal problems resulting from sporting injuries. NSAIDs, mainly diclofenac, have proven to be the most frequently prescribed drugs at previous Olympic and Commonwealth Games. At the Sydney Olympics, which were held in the middle of a very warm spring, anti-fungal preparations and antihistamines were the most popular items.

Observers from the Athens 2004 Olympics visited the pharmacy to see how a sports pharmacy operated and to borrow ideas for the medical centre at the next Olympic Games.

Pharmacists wore an official uniform, were issued passes for the residential zone in the village and ate meals in the dining marquee

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